

ARKANSAS PARTNERSHIP RETURN DECLARATION FOR ELECTRONIC FILING

| For ca | lendar | year 2021, or t | ax year beginning | ,: | 20, e | nding | _, 20 | _ | | |
|---|--|--|--|---|--|--|---|--|--|---|
| Name | | | | | | | Feder | al Identifica | tion Number | |
| Mailing | Address | (Number and Street, P. | O. Box or Rural Route) | | | | Telep | hone | | |
| City State or Province ZIP | | | | | | | ☐ Check if address is outside U.S. Foreign Country | | | |
| PAR | T I - TA | X RETURN INFOR | MATION (Whole Dollars On | ly) | | | | | | |
| 1. | Gross R | eceipts or Sales (Forn | n AR1050, Line 4, Arkansas | Colum | ın) | | | 1 | | 00 |
| | | | | | | | | | | 00 |
| 3. Total Income (Form AR1050, Line 11, Arkansas Column) | | | | | | | | 3 | | 00 |
| 4. Total Deductions (Form AR1050, Line 23, Arkansas Column) | | | | | | | | | | 00 |
| 5. Net Income or Loss (Form AR1050, Line 24, Arkansas Column) | | | | | | | | | | 00 |
| | | | DFFICER (Sign only after Pa | | | | | | | |
| If my fe | ederal pa | rtnership return is reje | ected, I understand my state p | artners | hip return m | ay also be reject | ed. | | | |
| transm the par the ref | ission an tnership' und was ite of Ark | d an indication of whe s return is delayed, I a sent. In addition, by us ansas of all information | I also consent to the State of ether or not the partnership's authorize the State of Arkansa sing a computer system and son pertaining to my use of the | return is as to dis software | s accepted, sclose to my e to prepare and softwar | and, if rejected, to ERO, transmitted and transmit my | he reason(er, and/or IS return elec | (s) for the re SP the reas ctronically, I | ejection. If the proces on(s) for the delay, of consent to the disclo | ssing of or when |
| | | mpany Member Mana | - | | | | | | | |
| PAR | T III - D | ECLARATION OF | ELECTRONIC RETURN O | RIGIN | NATOR (ER | (O) AND PAID | PREPARI | ER | | |
| If I am of data or return to be fill and according to the second | only a col the return the Stared with the company er is base | llector, I understand the rn. I have obtained the te of Arkansas, and ha ne State of Arkansas. I ing schedules and stated on all information o | ve Partnership return and that lat I am not responsible for revergence general partner or limited liabuse provided the general partner of I am also the Paid Preparer, attements, and to the best of more first which the preparer has known | viewing pility co er or lim under p ny know | the partners mpany mem nited liability senalties of p rledge and b | hip's return; I deo ber manager sig company membe erjury I declare th | clare that F nature on F er manager nat I have e le, correct, | orm AR845 Form AR845 with a copy examined the | 3-PE accurately reflence 3-PE before submitted and informs and infore above partnership? | ects the ting this rmation s return of Paid |
| Use | sign | ature | | | | paid prepare | er sel | f-employed | | |
| Only | | Firm's name (or yours if self-employed) | | | | | | EIN | | |
| | addı | address and ZIP | | | | | | Phone No. () | | |
| | code | | | | | | | 1 | | |
| | | | that I have examined the above are true, correct, and complete | | | | | | | |
| | | Preparer's | | | | Date | Check | | Preparer's SSN or | r PTIN |
| Paid | | signature | | | | | self-er | nployed | | |
| | arer's Only | Firm's name (or you | ırs | | | | | EIN | | |
| | 3 | if self-employed) address and ZIP | | | | | | Dhaire | - / | |
| | | code | | | | | | Phone No | o. () | |